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Flesch-Kinkaid Grade Level: 6.6

CAHPS Health Plan Survey 4.0

Adult Commercial Questionnaire

November 2005

SAMPLE CONFIRMATION

1. Our records show that you are now in {INSERT HEALTH PLAN NAME}. Is that right?

¹ ☐ Yes → If Yes, Go to Question 3

² ☐ No

2. What is the name of your health plan? (Please print)

YOUR HEALTH CARE IN THE LAST 12 MONTHS

These questions ask about your own health care. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

3. In the last 12 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?

¹ ☐ Yes

² ☐ No → If No, Go to Question 5 on Next Page

4. In the last 12 months, when you needed care right away, how often did you get care as soon as you thought you needed?

¹ ☐ Never

² ☐ Sometimes

³ ☐ Usually

⁴ ☐ Always

5. In the last 12 months, not counting the times you needed care right away, did you make any appointments for your health care at a doctor's office or clinic?

¹☐ Yes

²☐ No → If No, Go to Question 7

6. In the last 12 months, not counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?

¹☐ Never

²☐ Sometimes

³☐ Usually

⁴☐ Always

7. In the last 12 months, not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?

☐ None → If None, Go to Question 9 on Next Page

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5 to 9

☐ 10 or more

8. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 12 months?

☐ 0 Worst health care possible

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9

☐ 10 Best health care possible

YOUR PERSONAL DOCTOR

9. A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?
- ☐ Yes
- ☐ No → If No, Go to Question 16 on Page 5
10. In the last 12 months, how many times did you visit your personal doctor to get care for yourself?
- ☐ None → If None, Go to Question 15 on Next Page
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 to 9
- ☐ 10 or more
11. In the last 12 months, how often did your personal doctor explain things in a way that was easy to understand?
- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
12. In the last 12 months, how often did your personal doctor listen carefully to you?
- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

13. In the last 12 months, how often did your personal doctor show respect for what you had to say?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

14. In the last 12 months, how often did your personal doctor spend enough time with you?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

15. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

- ☐ 0 Worst personal doctor possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best personal doctor possible

GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, do not include dental visits or care you got when you stayed overnight in a hospital.

16. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 12 months, did you try to make any appointments to see a specialist?

¹ ☐ Yes

² ☐ No → If No, Go to Question 20 on Next Page

17. In the last 12 months, how often was it easy to get appointments with specialists?

☐ Never

☐ Sometimes

☐ Usually

☐ Always

18. In the last 12 months, did you visit a specialist to get care for yourself?

¹ ☐ Yes

² ☐ No → If No, Go to Question 20 on Next Page

19. We want to know your rating of the specialist you saw most often in the last 12 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

☐ 0 Worst specialist possible

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9

☐ 10 Best specialist possible

YOUR HEALTH PLAN

The next questions ask about your experience with your health plan.

20. In the last 12 months, did you try to get any kind of care, tests, or treatment through your health plan?

- ☐ Yes
- ☐ No → If No, Go to Question 22

21. In the last 12 months, how often was it easy to get the care, tests or treatment you thought you needed through your health plan?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

22. In the last 12 months, did you try to get information or help from your health plan's customer service?

- ¹☐ Yes
- ²☐ No → If No, Go to Question 25 on Next Page

23. In the last 12 months, how often did your health plan's customer service give you the information or help you needed?

- ¹☐ Never
- ²☐ Sometimes
- ³☐ Usually
- ⁴☐ Always

24. In the last 12 months, how often did your health plan's customer service staff treat you with courtesy and respect?

- ¹☐ Never
- ²☐ Sometimes
- ³☐ Usually
- ⁴☐ Always

25. In the last 12 months, did your health plan give you any forms to fill out?

¹ ☐ Yes

² ☐ No → If No, Go to Question 27

26. In the last 12 months, how often were the forms from your health plan easy to fill out?

☐ Never

☐ Sometimes

☐ Usually

☐ Always

27. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?

☐ 0 Worst health plan possible

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9

☐ 10 Best health plan possible

ABOUT YOU

28. In general, how would you rate your overall health?

- ¹ ☐ Excellent
- ² ☐ Very good
- ³ ☐ Good
- ⁴ ☐ Fair
- ⁵ ☐ Poor

29. In the past 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem?

- ☐ Yes
- ☐ No → If No, Go to Question 31

30. Is this a condition or problem that has lasted for at least 3 months? Do not include pregnancy or menopause.

- ☐ Yes
- ☐ No

31. Do you now need or take medicine prescribed by a doctor? Do not include birth control.

- ☐ Yes
- ☐ No → If No, Go to Question 33

32. Is this to treat a condition that has lasted for at least 3 months? Do not include pregnancy or menopause.

- ☐ Yes
- ☐ No

33. What is your age?

- ¹ ☐ 18 to 24
- ² ☐ 25 to 34
- ³ ☐ 35 to 44
- ⁴ ☐ 45 to 54
- ⁵ ☐ 55 to 64
- ⁶ ☐ 65 to 74
- ⁷ ☐ 75 or older

34. Are you male or female?

- ¹ ☐ Male
² ☐ Female

35. What is the highest grade or level of school that you have completed?

- ¹ ☐ 8th grade or less
² ☐ Some high school, but did not graduate
³ ☐ High school graduate or GED
⁴ ☐ Some college or 2-year degree
⁵ ☐ 4-year college graduate
⁶ ☐ More than 4-year college degree

36. Are you of Hispanic or Latino origin or descent?

- ¹ ☐ Yes, Hispanic or Latino
² ☐ No, Not Hispanic or Latino

37. What is your race? Please mark one or more.

- ¹ ☐ White
² ☐ Black or African-American
³ ☐ Asian
⁴ ☐ Native Hawaiian or other Pacific Islander
⁵ ☐ American Indian or Alaska Native
⁶ ☐ Other **(Please print)** _____

38. Did someone help you complete this survey?

- ¹ ☐ Yes → If Yes, Go to Question 39
² ☐ No → **Thank you.**

Please return the completed survey in the postage-paid envelope.

39. How did that person help you? Check all that apply.

- ¹ ☐ Read the questions to me
² ☐ Wrote down the answers I gave
³ ☐ Answered the questions for me
⁴ ☐ Translated the questions into my language
⁵ ☐ Helped in some other way **(Please print)**

